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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
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(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

AUG 6 2012

T. HAMPTON

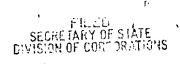
COVER LETTER

TO: 'Registration Section Division of Corporations

-			•
SUBJECT:	· · · · · · · · · · · · · · · · · · ·		
	Name of Lin	nited Liability Company	•
The enclosed Art	icles of Amendment and fee(s) are su	ibmitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
		Brian D. Dominguez	
		Name of Person	
	Blaze	e Hotel Management, LLC	
		Firm/Company	
		914 SW 101st Way	
	. •	Address	
	Da	mbroke Pines, FL 33025	
		City/State and Zip Code	
	mdomingue	z@blazehotelmanagement.cc	om
	E-mail address:	(to be used for future annual report notificati	ion)
For further inforn	nation concerning this matter, please	call:	•
	Marianne Dominguez	at (954) 55	8-6574
	Name of Person	Area Code & Daytime To	
		·	
Enclosed is a che	ck for the following amount:		
\$25.00 Filing		\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
4	•		(additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER	ADDRESS:
Registration Section		Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	ons
	Tallahassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 AUG -3 AMII: 55

Blaze Hotel Man	agement, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document numberL12000039913		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Blaze Hotel Mana	agement, LLC	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ted Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	914 SW 101st Way	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, FL 33	025
Enter new mailing address, if applicable:	914 SW 101st Way	······································
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines, FL 33	025
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
**************************************		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGRM Brian D. Dominguez 914 SW 101st Way ☐ Add Pembroke Pines, FL 33025 √ Remove BMK Management, LLC **MGRM** Attn: Brian D. Dominguez **V** Add Remove 914 SW 101st Way Pembroke Pines, FL 33025 MGRM ENH Management, LLC Attn: Eric N. Hvde ✓ Add ☐ Remove 548 Ibis Way Naples FL 34110 □Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 24 2012 Dated Signature of a member or authorized representative of a member Brian D. Dominguez

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Filing Fee: \$25.00

Typed or printed name of signee